

United States Patent and Trademark Office
- Sales Receipt -

11/10/2005 LFULTON 00000001 501047 10763542

01 FC:2252 225.00 DA

OCT 11 2005

Patent
10/763,542

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: John D. Dobak III
Serial No.: 10/763,542
Filed: January 23, 2004
Title: Improved Medical Procedure
Art Unit: 3739
Examiner: Roy Dean Gibson
Docket No.: 040003 (2050/1C2; DMMT-US 061 C2)

Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

AMENDMENT and
REQUEST FOR APPROVAL TO MAKE DRAWING CHANGE

Sir:

In response to the Office Action dated May 11, 2005, kindly amend the above-identified application as follows. In addition, any deficiencies may be charged to deposit account No. 50-1047.

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this document and any document referenced herein has been transmitted via facsimile to the US Patent and Trademark Office at (571) 273-8300 on October 11, 2005.

Karin L. Williams, Reg. No. 36,721

(Printed Name of Person Mailing Correspondence)

Karin L. Williams
(Signature)

- 1 -

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2003

Application or Docket Number

10763542

CLAIMS AS FILED - PART I

| | (Column 1) | (Column 2) |
|---|--------------|--------------|
| TOTAL CLAIMS | 4 | |
| FOR | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS | 4 minus 20 = | * 0 |
| INDEPENDENT CLAIMS | 3 minus 3 = | * 0 |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> | | |

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

| | (Column 1) | (Column 2) | (Column 3) |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT A | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total | * 4 | Minus ** 20 | = |
| Independent | * 3 | Minus *** 3 | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | |

| | (Column 1) | (Column 2) | (Column 3) |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT B | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total | * | Minus ** | = |
| Independent | * | Minus *** | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | |

| | (Column 1) | (Column 2) | (Column 3) |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT C | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total | * | Minus ** | = |
| Independent | * | Minus *** | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | |

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

| RATE | FEE | | RATE | FEE |
|-----------|--------|----|-----------|--------|
| BASIC FEE | 385.00 | OR | BASIC FEE | 770.00 |
| X\$ 9= | | OR | X\$18= | |
| X43= | | OR | X86= | |
| +145= | | OR | +290= | |
| TOTAL | 385 | OR | TOTAL | |

| RATE | ADDITIONAL FEE | | RATE | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| X\$ 9= | | OR | X\$18= | |
| X43= | | OR | X86= | |
| +145= | | OR | +290= | |
| TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |

| RATE | ADDITIONAL FEE | | RATE | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| X\$ 9= | | OR | X\$18= | |
| X43= | | OR | X86= | |
| +145= | | OR | +290= | |
| TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |

| RATE | ADDITIONAL FEE | | RATE | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| X\$ 9= | | OR | X\$18= | |
| X43= | | OR | X86= | |
| +145= | | OR | +290= | |
| TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |